



**Perris Union High School District**

**Summary of Classified HMO 20 & 30 and HMO 30 Select & DHMO 40 Select Plans**

Effective Date: July 1, 2019

RENEWAL **2019**

Effective Date	07/01/2019	07/01/2019	07/01/2019	07/01/2019
Renewal Date	07/01/2020	07/01/2020	07/01/2020	07/01/2020
Carrier Name	<b>Anthem Blue Cross</b>	<b>Anthem Blue Cross</b>	<b>Anthem Blue Cross</b>	<b>Anthem Blue Cross</b>
Plan Name	HMO 20 - \$5/25/40 Rx	HMO 30 - \$10/30/60 Rx	HMO 30 Select - \$19/50/75 Rx	DHMO 40 Select - \$10/30/60 Rx
Eligible Class	Eligible Employees	Eligible Employees	Eligible Employees	Eligible Employees
<b>General Plan Information</b>				
Annual Deductible/Individual	\$0	\$0	\$0	\$500
Annual Deductible/Family	\$0	\$0	\$0	\$1,000
Coinsurance	100%	100%	100%	100%
Office Visit/Exam	\$20 copay	\$30 copay	\$30 copay	\$40 copay
Outpatient Specialist Visit	\$20 copay	\$30 copay	\$30 copay	\$40 copay
Annual Out-of-Pocket Limit/Individual	\$500 Rx not included	\$500 Rx not included	\$500 Rx not included	\$1,500 Rx not included
Annual Out-of-Pocket Limit/Family	\$1,500 Rx not included	\$1,500 Rx not included	\$1,500 Rx not included	\$4,500 Rx not included
Lifetime Plan Maximum	Unlimited	Unlimited	Unlimited	Unlimited
<b>Inpatient Hospital Services</b>				
Inpatient Hospitalization	100%	100%	100%	\$250 admit fee after deductible is met
Semi-Private Room & Board; Including Services and Supplies	100%	100%	100%	100%
<b>Emergency Services</b>				
Emergency Room	\$100 copay waived if admitted	\$100 copay waived if admitted	\$100 copay waived if admitted	\$100 copay waived if admitted
<b>Mental Health Benefits</b>				
Inpatient Care	100% prior MHN authorization required	100% prior MHN authorization required	100% prior MHN authorization required	100% prior MHN authorization required
Outpatient Care	100% prior MHN authorization required	100% prior MHN authorization required	100% prior MHN authorization required	100% prior MHN authorization required
<b>Alcohol Abuse</b>				
<b>Inpatient Care</b>				
Inpatient Hospitalization	100% prior MHN authorization required	100% prior MHN authorization required	100% prior MHN authorization required	100% prior MHN authorization required
Inpatient Detoxification Services	100% prior MHN authorization required	100% prior MHN authorization required	100% prior MHN authorization required	100% prior MHN authorization required
<b>Outpatient Care</b>				
Outpatient Services	100% prior MHN authorization required	100% prior MHN authorization required	100% prior MHN authorization required	100% prior MHN authorization required
<b>Substance Abuse</b>				
<b>Inpatient Care</b>				
Inpatient Hospitalization	100% prior MHN authorization required	100% prior MHN authorization required	100% prior MHN authorization required	100% prior MHN authorization required
Inpatient Detoxification Services	100% prior MHN authorization required	100% prior MHN authorization required	100% prior MHN authorization required	100% prior MHN authorization required
<b>Outpatient Care</b>				
Outpatient Services	100% prior MHN authorization required	100% prior MHN authorization required	100% prior MHN authorization required	100% prior MHN authorization required

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Eligible Class	Eligible Employees	Eligible Employees	Eligible Employees	Eligible Employees
<b>Prescription Drug Benefits</b>				
Prescription Drug Deductible				
Generic	\$5 copay/Tier 1 Pharmacy; \$5 copay + \$15/Tier 2 Pharmacy provided by ESI (see <a href="http://www.express-scripts.com">www.express-scripts.com</a> for a list of pharmacies)	\$10 copay/Tier 1 Pharmacy \$10 copay + \$15/Tier 2 Pharmacy provided by ESI (see <a href="http://www.express-scripts.com">www.express-scripts.com</a> for a list of pharmacies)	\$19 copay/Tier 1 Pharmacy \$19 copay + \$15/Tier 2 Pharmacy provided by ESI (see <a href="http://www.express-scripts.com">www.express-scripts.com</a> for a list of pharmacies)	\$10 copay/Tier 1 Pharmacy 10 copay + \$15/Tier 2 Pharmacy provided by ESI (see <a href="http://www.express-scripts.com">www.express-scripts.com</a> for a list of pharmacies)
Brand (Formulary/Preferred)	\$25 copay/Tier 1 Pharmacy \$25 copay + \$15/Tier 2 Pharmacy provided by ESI (see <a href="http://www.express-scripts.com">www.express-scripts.com</a> for a list of pharmacies)	\$30 copay/Tier 1 Pharmacy \$30 copay + \$15/Tier 2 Pharmacy provided by ESI (see <a href="http://www.express-scripts.com">www.express-scripts.com</a> for a list of pharmacies)	\$50 copay/Tier 1 Pharmacy \$50 copay + \$15/Tier 2 Pharmacy provided by ESI (see <a href="http://www.express-scripts.com">www.express-scripts.com</a> for a list of pharmacies)	\$30 copay/Tier 1 Pharmacy \$30 copay + \$15/Tier 2 Pharmacy provided by ESI (see <a href="http://www.express-scripts.com">www.express-scripts.com</a> for a list of pharmacies)
Brand (Non-Formulary/Non-preferred)	\$40 copay/Tier 1 Pharmacy \$40 copay + \$15/Tier 2 Pharmacy provided by ESI (see <a href="http://www.express-scripts.com">www.express-scripts.com</a> for a list of pharmacies)	\$60 copay/Tier 1 Pharmacy \$60 copay + \$15/Tier 2 Pharmacy provided by ESI (see <a href="http://www.express-scripts.com">www.express-scripts.com</a> for a list of pharmacies)	\$75 copay/Tier 1 Pharmacy \$75 copay + \$15/Tier 2 Pharmacy provided by ESI (see <a href="http://www.express-scripts.com">www.express-scripts.com</a> for a list of pharmacies)	\$60 copay/Tier 1 Pharmacy \$60 copay + \$15/Tier 2 Pharmacy provided by ESI (see <a href="http://www.express-scripts.com">www.express-scripts.com</a> for a list of pharmacies)
Number of Days Supply	30 days	30 days	30 days	30 days
<b>Mail Order</b>				
Mail Order Mandatory				
Generic	\$10 copay provided by Express Scripts	\$20 copay provided by Express Scripts	\$38 copay provided by Express Scripts	\$20 copay provided by Express Scripts
Brand (Formulary/Preferred)	\$50 copay provided by Express Scripts	\$60 copay provided by Express Scripts	\$100 copay provided by Express Scripts	\$60 copay provided by Express Scripts
Brand (Non-Formulary/Non-preferred)	\$80 copay provided by Express Scripts	\$120 copay provided by Express Scripts	\$150 copay provided by Express Scripts	\$120 copay provided by Express Scripts
Number of Days Supply for Mail Order	90 days	90 days	90 days	90 days
<b>Other Services and Supplies</b>				
Chiropractic Services	Not covered	Not covered	Not covered	Not covered

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